

MISSOURI DIVISION OF HEALTH - STANDARD, CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020135

Registration District No.

149

Primary Registration, District No. 1002

Registrar's No.

2623

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Robert S. Mosser MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Independence	
Length of stay in lb 1 week		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp.		d. STREET ADDRESS (If outside, give location) 503 East College	
3. NAME OF DECEASED (Type or print) Ralph W. Inman		4. DATE OF DEATH Month May Day 5 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molding		10b. KIND OF BUSINESS OR INDUSTRY Iron Works	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME George Inman		13b. MOTHER'S MAIDEN NAME Miltilda Walker	14. NAME OF HUSBAND OR WIFE Madge Inman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Richard F. Inman-1820 Vassar, Indep. Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH 5+ yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Chronic Cor Pulmonale			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:20 a.m. am Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Indep. Missouri	
21. I attended the deceased from May 1961 to 5-4-1963 and last saw him alive on 5-3-1963 Death occurred at 5:20 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Mosser		22b. ADDRESS Independence, Mo.	
22c. DATE SIGNED 5/6/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 7, 1963	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem.	
23d. LOCATION (City, town, or county) Indep. Missouri		24. FUNERAL DIRECTOR Carsons Funeral Director	
25. DATE RECD. BY LOCAL REG. 5-6-63		26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address

H. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.